

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>09/601,644 (Cont. No. 7797)</td> </tr> <tr> <td>Filing Date</td> <td>December 11, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Jean Gariepy, et al</td> </tr> <tr> <td>Title</td> <td>CYTOTOXIC HETEROPOLYMERIC PROTEIN COMBINATORIAL LIBRARIES</td> </tr> <tr> <td>Art Unit</td> <td>1630</td> </tr> <tr> <td>Examiner Name</td> <td>Terese D. Wessendorf</td> </tr> <tr> <td>Attorney Docket No.</td> <td>95-01</td> </tr> </table>	Application Number	09/601,644 (Cont. No. 7797)	Filing Date	December 11, 2000	First Named Inventor	Jean Gariepy, et al	Title	CYTOTOXIC HETEROPOLYMERIC PROTEIN COMBINATORIAL LIBRARIES	Art Unit	1630	Examiner Name	Terese D. Wessendorf	Attorney Docket No.	95-01
Application Number	09/601,644 (Cont. No. 7797)														
Filing Date	December 11, 2000														
First Named Inventor	Jean Gariepy, et al														
Title	CYTOTOXIC HETEROPOLYMERIC PROTEIN COMBINATORIAL LIBRARIES														
Art Unit	1630														
Examiner Name	Terese D. Wessendorf														
Attorney Docket No.	95-01														
I hereby revoke all previous powers of attorney given in the above-identified application.															
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.															
<div style="border: 1px solid black; padding: 5px; display: inline-block;">109152</div>															
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Practitioner(s) Name</th> <th style="width: 10%;">Registration Number</th> <th style="width: 30%;">Practitioner(s) Name</th> <th style="width: 10%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number										
Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number												
Please recognize or change the correspondence address for the above-identified application to:															
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number. OR <input type="checkbox"/> The address associated with Customer Number:															
<div style="border: 1px solid black; width: 150px; height: 20px; margin-left: auto;"></div>															
<input type="checkbox"/> Firm or Individual Name															
Address															
City	State														
Country	Telephone														
	Email														
I am the <input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) (Form PTO/SB-96) submitted herewith or filed on _____.															
SIGNATURE of Applicant or Assignee of Record															
Signature	Date														
Name	Telephone														
Title and Company															
NOTE: Signatures of all the inventors or assignees of record of the entire interest (or their representatives) are required. Submit multiple forms if more than one signature is required. See below.															
<input checked="" type="checkbox"/> *Total of 1 forms are submitted															